

AMENDMENTS TO THE SPECIFICATION

Please replace the paragraph beginning on page 1, line 5 and ending at line 16, with the following rewritten paragraph:

-- The conventional methods for detecting tuberculosis is time consuming & labour-intensive. Acid-fast bacilli (AFB) consuming AFB staining is considered to be insensitive (requiring 10,000 organism/ml of sputum for smear positive result with 100x microscope, refer Todar's Text Book of Bacteriology Online). ELISA-KP 90 is also known to be of low sensitivity and specificity and specificity (cut-off value >1.0 +ve, and <0.8 -ve test result) and requires sophisticated infrastructure as also the hypersensitivity based Tuberculin Skin Test (Montaux test), which lacks sensitivity, and specificity in BCG vaccinated patient (~~Constantin P. et. al., Inf & Imm 1998; 66~~). In the same way MYCODOT is inconvenient for HIV correlated individuals (14). (~~refer G. R. Somi et. al., Int J Tubercle and Lung Disease, 19999, vol 3~~) and Bactec-460 radiometric system (Becton Dickinson Instrument Systems, Sparks, MD. USA) is sensitive and is being used globally, but it took 5-10 days time for interpretation of the results and need for safe disposal of the radioactive waste products and whereas the Roche molecular system PCR based product) are though sensitive requires very costly infrastructure and technical expertise (2 and 4). --

11/19/10
Please replace the paragraph beginning on page 2, line 5⁶ and ending at line 17, with the following rewritten paragraph:

-- According to this invention there is provided a diagnostic kit for detecting pulmonary & extra pulmonary tuberculosis comprising a test card "TB Screen" coated with a hydrophobic material, antigen suspension, positive and ~~Negative-negative~~ control.

In accordance to with this invention there is provided a method of detecting tuberculosis using the kit comprising